#### **Medical Care Advisory Committee Meeting Minutes - Draft**

**Date:** July 17, 2013 **Time:** 1:30 – 4:00 PM **Location:** IDHW Medicaid Office **Moderator:** Katherine Hansen, Vice-Chair

3232 Elder St.

Goal: Update MCAC Members on DHW Issues D-East Conference Room

Boise, ID 83705

Committee Members present: Toni Lawson (Idaho Hospital Assoc.- Chair); Katherine Hansen (Community Partnership of Idaho – Vice Chair); Cathy McDougal (AARP); Teresa Cirelli (Idaho Medical Association); Senator Lee Heider (Idaho State Senate); Deana Gilchrist (disabled community representative – by phone); Kris Ellis (Idaho Health Care Assoc); Paula Barthelmess (Mental Health Provider's Association); Tom Fronk (Idaho Primary Care Assoc – by phone); Kara Craig (Idaho Quality of Life Coalition);

Committee members absent: (Idaho Tribal Representative-vacant); James (Jim) R. Baugh (Disability Rights Idaho); Representative Fred Wood (Idaho House of Representatives); Representative (Dr.) John Rusche (Board Certified Physician); Yvette Ashton (Medicaid Recipient); Elke Shaw-Tulloch (Administrator, IDHW Division of Health)

**DHW Staff present:** David Simnitt (Deputy Administrator, Division of Medicaid); Natalie Peterson (Bureau Chief-Long Term Care, Division of Medicaid); Pat Martelle (Program Manager OMHSA, Division of Medicaid); Matt Wimmer (Bureau Chief-Medical Care, Division of Medicaid); Rachel Strutton (Committee Secretary)

**Committee Nominees:** Jeff Weller (Idaho Commission on Aging)

Committee Guests: Ed Fischer (Mercer Consultation – presenter); Representative Thyra Stevenson

#### Agenda Item Outcome/Action

#### **Introductions and Committee Business**

- Review minutes from 4/17/13 meeting
- Committee vacancies:
  - Permanent Consumer Seat Aged community: Nomination of Jeff Weller, Idaho Commission on Aging
  - Rotating Provider Seat:
     Vacated by Dr. Jack Kulm (Idaho Dental Association)
  - o Vacant Tribal Representative Seat
- Committee Member Updates

#### Review minutes from 4/17/13 meeting

• April 2013 meeting minutes were accepted with one clerical edit.

#### **Committee Vacancies**

- Permanent Consumer seat Aged Community nomination of Jeff Weller accepted. The committee welcomed Mr. Weller.
- Vacated Rotating Provider seat discussed. Committee members to contact Rachel Strutton with any nominations.
- Vacated Tribal Representative seat discussed. Rep. Stevenson offered to contact the Nez Perce tribe to inquire about representation from her district.

#### **Action items:**

1. Committee member to provide potential nominations for vacated Rotating Provider seat by e-mailing Rachel prior to October meeting date.

#### **Committee Member Update**

• The committee member shared updates related to current association activities.

#### **Division of Medicaid Updates**

- Policy/Legislative Status Update
  - New Rules and SPAs
- Managed Care Initiative Updates:
  - Idaho Behavioral Health Plan (IBHP)

#### Policy/Legislative Status Update

David Simnitt reviewed the Policy Product Update sheet. This document is updated monthly and available on the MCAC webpage.

#### **Managed Care Initiative Updates:**

#### **IBHP**

- Medicaid behavioral health will be coordinated through Optum Idaho beginning 9/1/13.
- Optum will activate a participant call in number effective 8/12/13.
- All participants will be auto-enrolled with Optum for needed behavioral health services.
- Optum will implement under national (NCQA accreditation) and industry standards.
- Participant benefits will remain the same., except for three additional benefits. Optum is adding the new benefits:
  - 1. Peer Supports
  - 2. Family Supports
  - 3. Community Transition.

Agenda Item	Outcome/Action		
O Health Homes	<ul> <li>Health Homes</li> <li>Medicaid's Health Homes is part of the Governor's Patient-Centered Medical Home Collaborative (PCMH).</li> <li>Health Homes help to improve care for participants with chronic conditions.</li> <li>Health Homes implemented in the project phase 1/1/13, and transitioned into an active program 7/1/13.</li> <li>Currently there are 24 providers, with 50 different service locations, and approximately 9000 participants enrolled.</li> <li>Criteria for Medicaid participants include:         <ol> <li>Diabetes – with a co-morbidity; or</li> <li>Asthma – with a co-morbidity; or</li> <li>Severe and Persistent Mental Illness (SPMI) or Serious Emotional Disturbance (SED)</li> </ol> </li> <li>Data collection to evaluate the outcomes has begun.</li> <li>Outcomes will include clinical measurements such as Diabetes A1C check, or degree of control for Mental Health participants. Consumer satisfaction is a component.</li> <li>An RFI for an external evaluator is currently out for response.</li> </ul>		
o Integrating Care for Dual Eligibles	<ul> <li>Integrating Care for Dual Eligibles</li> <li>Mrs. Peterson provided an overview of the Long Term Care (LTC) Managed Care webpage: Long Term Care Managed Care</li> <li>Work continues in this collaborative process with webinar participation increasing. Interested health plans will have an application process (as opposed to the RFP process).</li> <li>A majority of the individuals on A&amp;D waiver services are already income eligible for Medicaid services.</li> <li>Medicaid will continue performing the Uniform Assessment Instrument (UAI) for those who are not financially eligible and need Level of Care (LOC) to obtain Medicaid.</li> <li>Health plans will perform the UAI to determine medical necessity and LOC for those who are financially eligible.</li> </ul>		
Medicaid Program Updates  • Molina and Systems	<ul> <li>Updates to Medicaid Projects         Molina and Systems         <ul> <li>Dave Simnitt shared Cathy Libby's move to ITSD.</li> <li>Robin Sosin, MSST staff, provided an over view of some current programs. A couple of examples are:</li></ul></li></ul>		

Agenda Item	Outcome/Action
State Healthcare Improvement Plan (SHIP) (Attachment)	<ul> <li>Mercer Report/Update of completed and planned SHIP work</li> <li>Ed Fischer, Mercer Consultant, introduced himself and provided a brief overview of the states who Mercer has worked with previously (see presentation).</li> <li>The State of Idaho has been quartered into four different regions where focus groups will be held, and five rural/ frontier towns where town hall meeting will take place</li> <li>IDHW is currently working on implementing a webpage to accommodate communications related to this work quickly. Rachel to provide URL, once established</li> <li>Focus group interested parties can contact Mercer at <a href="IdahoSHIP@mercer.com">IdahoSHIP@mercer.com</a>.</li> <li>Work groups (began meeting in early July 2013) are engaged and beginning to incorporate focus group input.</li> </ul> Action Item:
	<ol> <li>Rachel Strutton to provide the MCAC membership contact information to Mr. Fischer for updates on the SHIP development and meeting schedules.</li> <li>Rachel Strutton to provide MCAC members with SHIP website information once available.</li> </ol>
	<b>Question:</b> How does all of the Idaho Managed Care Initiatives come together? <b>Response:</b> The SHIP will lay out the principals of what Idaho stakeholders believe are necessary to improve healthcare in the state. The plan will identify major initiatives currently underway and how we can leverage those initiatives to move Idaho from a fee-for-service, volume-based system to a value-based model where care and reimbursement are based on improved health outcomes.
Personal Assistance Oversight Committee	Personal Assistance Oversight Committee Update
Update (Attachment – Idaho Home Choice Update)	• Mrs. Peterson provided an update and review of the June 16, 2013, PAOC meeting and the draft minutes. Draft minutes to be reviewed by PAOC during the September 2013 meeting. Once approved minutes will be uploaded to the PAOC website.
	<ul> <li>The committee continues to work on its composition.</li> <li>Idaho Home Choice: As an update to the hand out, as of today, there are 104 transitions completed.</li> </ul>
Questions and Answers Adjourn	Exchange of ideas, recommendations and next meeting agenda item:
	Suggested Agenda Items:  1. SHIP final report review October 2013 meeting.

Remaining meeting dates for 2013 (all meetings are located at 3232 Elder, Boise Idaho): 10/16/13



#### Idaho Home Choice Transition Updates



#### Benchmarks

Calendar Year	Elderly	Individuals with ID/DD	Physically Disabled	Total	Cumulative Total
2011	5	1	2	8	4
2012	30	5	18	53	64
2013	35	5	25	65	96
2014	45	5	30	80	
2015	45	7	30	82	
2016	20	7	10	37	
Total	180	30	115	325	325

## Transitions 11-1-2011 - 05-01-2013

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Q4 2011	October	November	December	Total	
Transitions	0	3	1	4	
			Total 2011	4	
Q1 2012	January	February	March	Total	
Transitions	2	3	2	7	
Q2 2012	April	May	June	Total	
Transitions	1	4	8	13	
Q3 2012	July	August	September	Total	
Transitions	5	6	8	19	
Q4 2012	October	November	December	Total	
Transitions	7	12	6	25	
			Total 2012	64	
Q1 2013	January	February	March	Total	
Transitions	4	7	5	16	
Q2 2013	April	May	June	Total	
Transitions	3	4	9	16	
	Total 2013 32				
			Program Total	96	

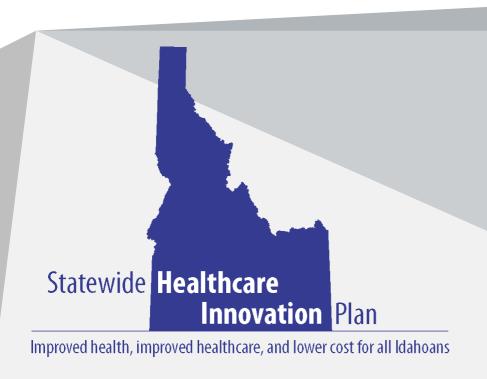
#### Funding Received and Expended

2011 Funding	2011 Funding	2012 Funding	2012 Funding	2013 Funding
Received	Expended	Received	Expended	Received
\$695,206	\$194,686	\$2,225,163	\$1,664,142	\$1,987,327

#### **Demographics**

	Age 18 to 59	Age 60+	Total
Medicaid Program			
DD Waiver	19	1	20
A & D Waiver	30	42	72
Enhanced Plan	2	2	4
Type of Institution			
ICF/ID	19	1	20
IMD	6	3	9
SNF	26	41	67
Type of Residence			
Supported Living/Res Hab	11	1	12
Apartment	20	24	44
Own Home	7	12	19
Family's Home	5	9	14
RALF	1	1	2
CFH	4	1	5
Region			
1	0	2	2
2	4	5	9
3	19	13	32
4	17	13	30
5	3	7	10
6	6	5	11
7	0	2	2
Reason Program Ended			
Re-institutionalized	1	2	3
Deaths	2	7 – 5 Hospice	9
Went to Non-Qualified Residence	0	3	3
Completed 365 Days	11	6	17
Additional Demographics	Idaho	Nationwide	
Average Age	55.2	56	
Average days to Discharge	55.6	105	
Reinstitutionalization Rate	3%	8%	

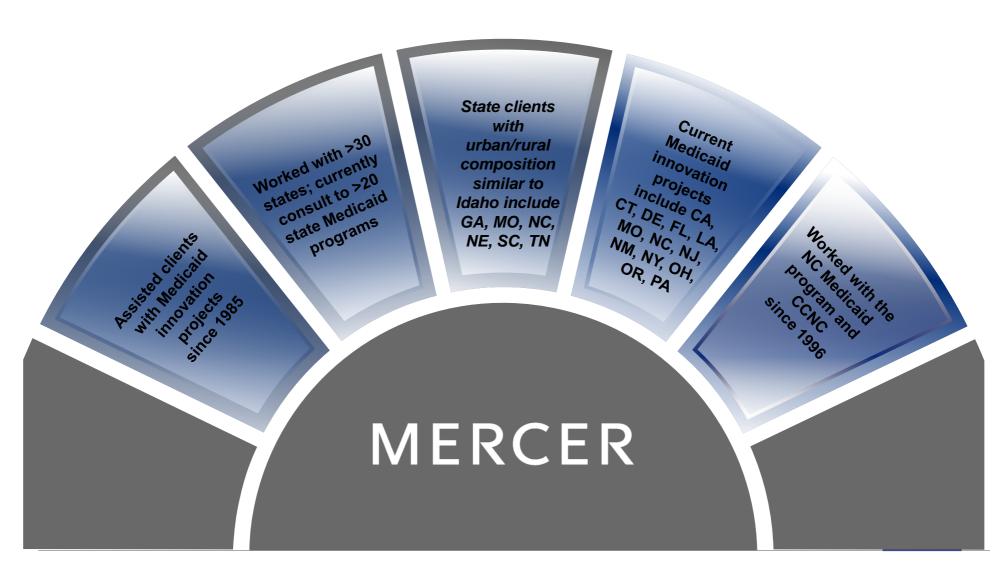
# IDAHO STATEWIDE HEALTHCARE INNOVATION PLANNING PROJECT



Ed Fischer

Grant Administrator: Idaho Department of Health and Welfare

# **Introduction to Mercer Background on Government Practice**



## Introduction to Mercer Our Consultants

- Our more than 185 consultants and the Idaho project team include individuals with expertise in:
  - Group facilitation
  - Delivery system transformation
  - North Carolina's CCNC program
  - ACA policy and operations (including development of health insurance exchanges)
  - Clinical and behavioral health care and quality improvement
  - Project management
  - Payment reform
  - Actuarial and financial analysis
  - Information technology

## **Mercer's Key Project Staff**



Ed Fischer, MBA **Project Manager** 



Russ Ackerman, ASA, MAAA

Contract Manager



Charles Lassiter, JD

Project Manager



Dianne Heffron, MBA Senior Advisor / Facilitator



Marcia McDonell
Project Coordinator /
Facilitator



Jennifer Feliciano, MBA

Project Coordinator



Michelle Walker, MSG, MPA Senior Policy Specialist



Jeff Thompson, MD, MPH Advisor



Lanier Cansler CCNC Advisor



L. Allen Dobson, MD, FAAFP CCNC Advisor

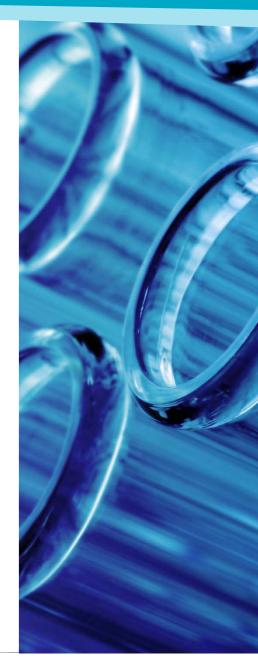


Shelli Stayner Idaho Healthcare Specialist

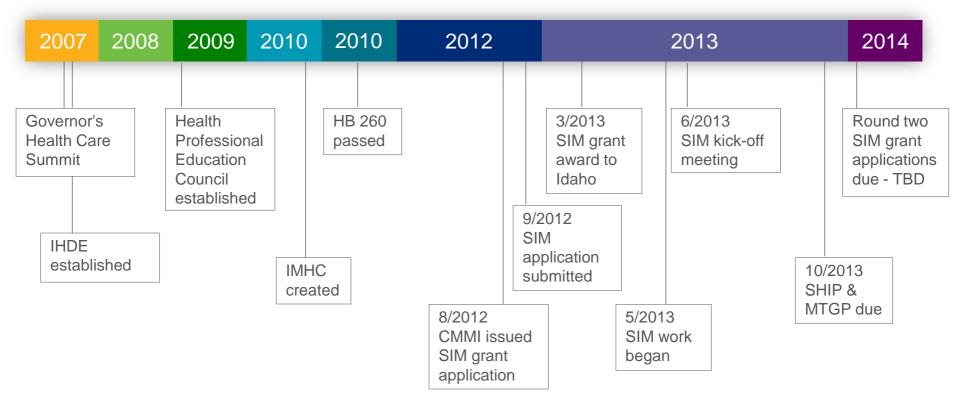
#### **Background Information**

#### The Idaho Landscape

- Idaho Medicaid has experienced unsustainable growth, increasing enrollment 75% over the last decade.
- 96.7% of the state is a federally-designated shortage area for primary care; 100% for mental health care.
- Idaho currently trails the national average of physicians who have adopted electronic health records.
- 15 states currently support an all-payer claims database. Idaho is not one of them. However, IHDE has made significant strides toward this goal.
- Idaho is 25% below the national average in emergency room visits per year.
- Idaho is nearly 43% below the national average per capita spending on imaging costs.
- Idaho spends nearly 39% less on end of life care than the national average.



### **Chronological Review of Events**

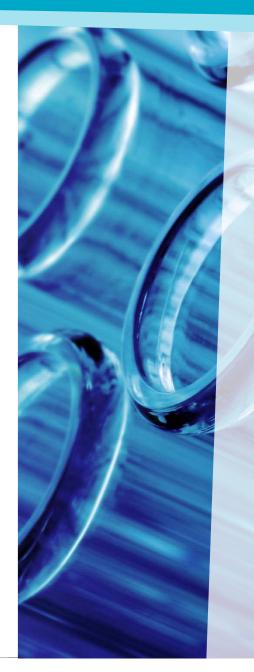




## **Project Background**

#### The State Innovation Models Initiative

- The Center for Medicare & Medicaid Innovation created SIMs for states that are prepared for or committed to planning, designing, testing, and supporting evaluation of new payment and service delivery models in the context of larger health system innovation.
- The State Innovation Models Initiative is providing nearly \$300 million to support the development and testing of state-based models.
- This initiative provides states an opportunity to align their unique position as the largest or one of the largest health purchasers in a state spanning both public and private health programs with multi-payer efforts.



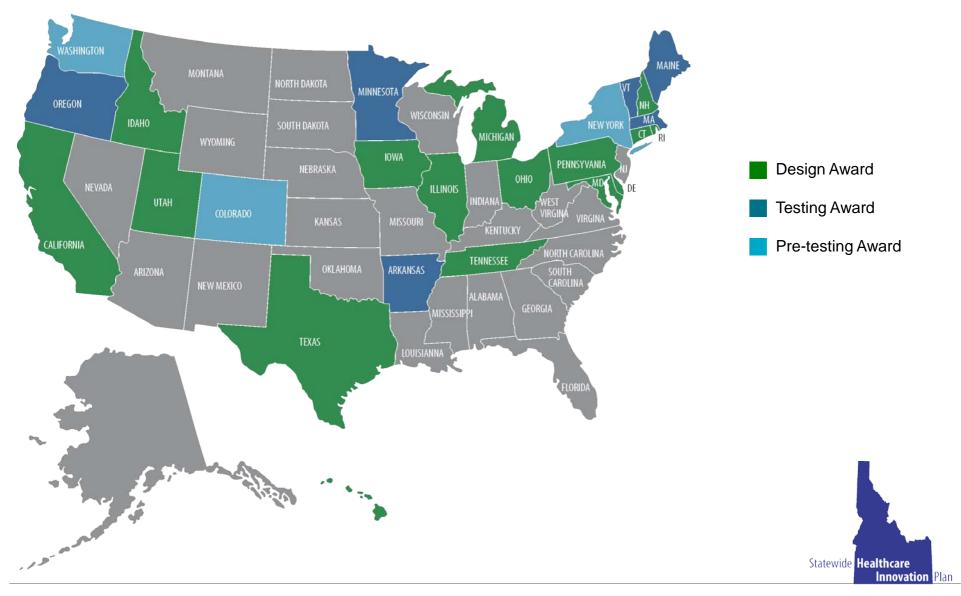
## **Background Information**

#### **Competition for the Award**

- Things we know
  - 6 states were awarded Model Testing Awards, while 3 states failed to qualify and received Model Pre-Testing Awards. 16 states were awarded a Model Design Award.
  - The 3 states not receiving a Model Testing Award will be competing for funds with the 16 Model Design Awardees.
  - The average Model Testing Award was approximately \$42 million.
  - The total pool of funds for the last round was \$300 million, less
     \$50 million reserved for Model Design Awards.
- Things we do not know
  - When CMS will release the Funding Opportunity Announcement (FOA) relating to the second round of Model Testing Awards.
  - If there will be a third round (all indications lead us to believe that there will not).



#### **States Awarded Grants**



## **Project Background**

- The Center for Medicare & Medicaid Innovation (CMMI) awarded a \$3 million planning grant to the state of Idaho to create an innovative health care strategy for the entire state.
- Governor Otter tasked the Idaho Department of Health and Welfare (IDHW) with administering the grant.
- IDHW engaged Mercer to assist in the stakeholder process and development of the innovation plan.
- This project will engage stakeholders in a statewide analysis of the current health care system to identify practices that can support movement to a new payment and service delivery model.
- Project deliverables will serve as blueprints for the system innovation.



## **Purpose Statement for the SHIP**

#### **Purpose**

The Statewide Healthcare Innovation Plan (SHIP) will help evolve Idaho's healthcare delivery system from a fee-for-service, volume-based system to a value-based model where care reimbursement is based on improved health outcomes for all of Idaho.



## SHIP Stakeholder Engagement Plan

#### **Objectives and Tactics**

The stakeholder engagement effort for the SHIP will achieve four key objectives:

	Objective	Description	<b>Tactics</b>
1.	Awareness building	<ul> <li>Reach and raise awareness among affected providers and consumers.</li> <li>Develop a supporting Sponsor group as a guiding resource.</li> </ul>	<ul> <li>Promotional Materials: SHIP video, posters, participant invitations, follow-up emails.</li> </ul>
2.	Focus group recruitment	<ul> <li>Generate awareness of the SHIP and opportunities for focus group participation among primary care providers, consumers, and other service providers throughout the state.</li> </ul>	<ul> <li>Recruiting, screening, and selection efforts through appropriate channels (steering committee contacts, provider affiliations, state organizations, etc.).</li> </ul>
3.	Focus group and work group education	<ul> <li>Help to prepare focus group and workgroup participants through SHIP and CCNC education.</li> </ul>	Educational Materials: SHIP video, SHIP flyer, focus group brochure, work group flyer and journal/guide, work group recaps, steering committee guide.
4.	Status reporting	<ul> <li>Generate SHIP awareness and provide ongoing project progress updates for all project stakeholders.</li> </ul>	<ul> <li>A recurring e-newsletter will be distributed to an identified distribution list at regular intervals and posted on key State websites.</li> </ul>

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# Stakeholder Engagement Overview of Steering Committee, Sponsors, Work Groups, Focus Groups, and Town Halls

#### Steering Committee

The development process relies upon a steering committee that will provide guidance and recommendations throughout the process. Committee members were selected as representatives of the stakeholder community and are responsible for providing leadership in the design of Idaho's future innovative healthcare system.

#### Work Groups

The development process relies upon four work groups to generate recommendations and policy design decisions that will make up the SHIP. The work groups and some of their objectives are as follows:

Network Structure and Medical Home Integration Work Group:
 Propose a community-based model to support medical home integration with other aspects of the healthcare system, to improve health outcomes and access through care management and care coordination across an integrated system.



## **Stakeholder Engagement**

- Data Sharing, Interconnectivity, Analytics and Reporting Work Group (Health Information Technology, or HIT): Propose a strategy for developing a statewide health information technology system that permits the analysis of clinical quality and utilization data throughout the healthcare system.
- Multi-Payer Reimbursement Strategies Work Group: Propose payment model(s) for the new healthcare delivery system that promotes value (positive health outcomes) vs. volume.
- Clinical Quality Improvement Work Group: Propose standard, evidence-based guidelines for clinical practice and disease management strategies to address patient population needs including high risk and high cost patient populations statewide.

#### Focus Groups and Town Halls

 Focus groups in each of the four work group topic areas will be conducted, as well as audience-specific focus group sessions with employers and hospitals. Additionally, there will be Town Halls held in some rural towns.



## **Identified Goals – Preliminary**

- The SHIP and Model Testing Grant will:
  - Build on the current efforts of the Governor's multi-payer Idaho
     Medical Home Collaborative.
  - Promote movement towards CMS' triple aim of:
    - Improving the patient experience of care (including quality and satisfaction).
    - Improving the health of populations.
    - Reducing the per capita cost of health care.
  - Improve integration of primary care/patient-centered medical homes within the larger health care system.
  - Improve data collection to ensure adequate support of clinical patient management and development of clinical performance metrics.



## **SHIP and Model Testing Grant Proposal**

- These documents will serve as the strategic plan to transform health care in Idaho to an integrated community care model.
- They will articulate the vision of its health care leaders, providers, and residents.
- They will meet requirements and guidelines set by CMMI.
- Drafts will be provided and reviewed with key stakeholders on a monthly basis throughout the project.



#### **State Healthcare Innovation Plan**

- SHIP will include descriptions of:
  - Idaho's current health care payment and service delivery system (including patient demographics, system performance measures, and rationale for change).
  - Idaho's proposed health care payment and service delivery system (including new model design and rationale; and estimates for improved population health, health care quality, and cost savings).
  - How Idaho will achieve the health care innovation.
  - Expected outcomes of the new system, including:
    - Maintaining/improving quality of care,
    - Improving health status of Idaho communities and health risks of all program beneficiaries,
    - Lowering costs for Medicare, Medicaid, and CHIP.
    - Lowering costs for privately insured.



## **Design Elements**

- The Innovation Plan will consider several design elements, including:
  - Determining level of integration with behavioral health, home and community-based services, elder care, etc.
  - Creating strategies for adoption of health information exchange (HIE) and meaningful use of electronic health records (EHR).
  - Aligning reimbursement strategies across payers.
  - Building a model that improves quality performance.
  - Improving population health status and removing barriers.
  - Ensuring that beneficiary quality, access, and due process will be maintained or improved.
  - Addressing health care workforce gaps and leveraging health resources.
  - Transitioning to value-based business and clinical models.
  - Improving the performance of service delivery models.



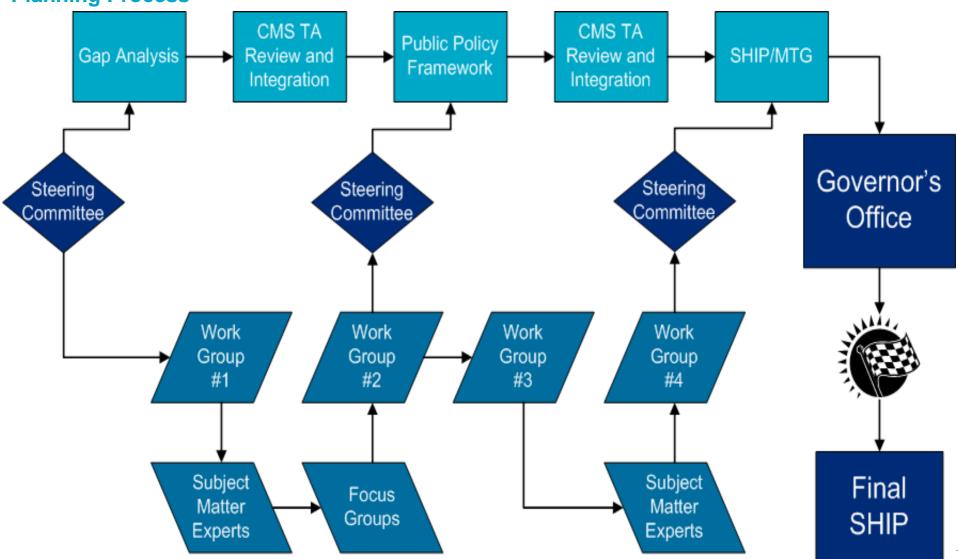
## **Model Testing Grant Proposal**

- The Model Testing Grant Proposal will describe:
  - Model's design, including all payers.
  - Geographic areas/communities to be included.
  - Likelihood of success/potential risks.
  - Testing and evaluation plan.
  - Financial analysis of target population, including demonstrated cost savings, and return on investment.
  - Population's health status and patients' current experience of care.
  - Targeted improvements.
  - Process for implementation and testing.
  - Staff resources and roles.



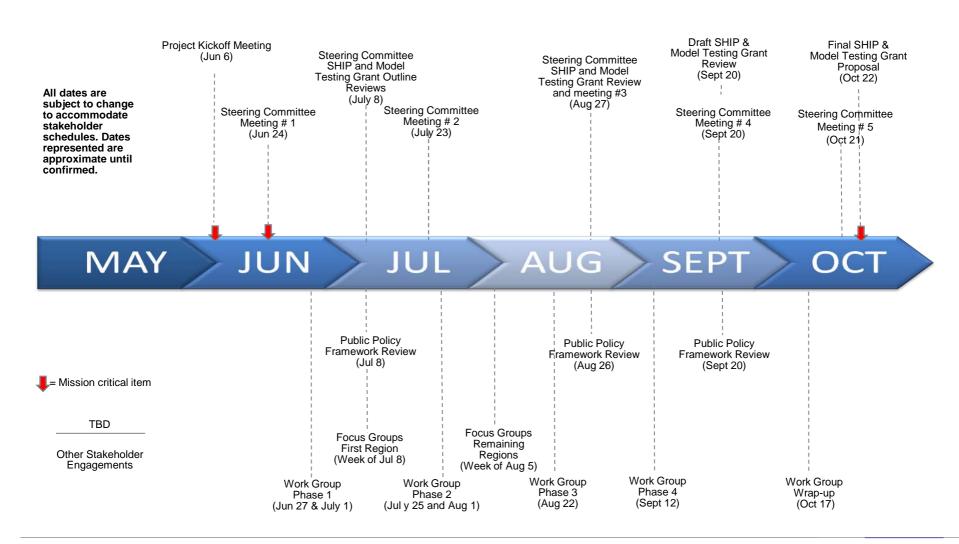
#### **SHIP Information Pathways**

An Overview of the Integration of the Engagement Process in the Innovation Planning Process



#### **Idaho SHIP Project**

#### **Timeline and Project Flow – Meetings and Key Deliverables**



# Focus Group Schedule

#### Requests to participate in a Focus Group should be sent to:

#### IdahoSHIP@mercer.com

Area	Cities	Dates/Times	Location
Southeast (Bonneville, Butte, Custer, Clark, Fremont, Jefferson, Lemhi, Madison, Teton)	(Focus Groups)	Thursday, July 11 – 1 pm to 8 pm Friday, July 12 – 10 am to 8 pm Saturday, July 13 – 10 am to 3 pm	Eastern Idaho Public Health District 1250 Hollipark Drive Idaho Falls, ID 83401
Southwest (Adams, Canyon, Elmore, Gem, Owyhee, Payette, Valley)	(Focus Groups)	Thursday, August 1 – 1 pm to 6 pm Friday, August 2 – 10 am to 6 pm Saturday, August 3 – 10 am to 3 pm	To be determined
North (Benewah, Bonner, Boundary, , Kootenai, Latah, Lewis, Nez Perce, Shoshone)	(Focus Groups)	Thursday, August 8 – 1 pm to 6 pm Friday, August 9 – 10 am to 6 pm Saturday, August 10 – 10 am to 3 pm	To be determined
Central (Bannock, Bear Lake, Bingham, Blaine, Camas, Caribou, Cassia, Franklin, Gooding, Jerome, Lincoln, Minidoka, Oneida, Power, Twin Falls)	(Focus Groups)	Thursday, August 15 – 1 pm to 6 pm Friday, August 16 – 10 am to 6 pm Saturday, August 17 – 10 am to 3 pm	To be determined

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# **Town Hall**Schedule – DRAFT DATES AND TIMES

Sandpoint: Aug 7 - 6pm

• Salmon: Aug 13 - 6pm

Pocatello: Aug 14 - 6pm

• Orofino: Aug 21 - 6pm

• Moscow: Aug 22 - 6pm



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## **Project Overview**

## **Statewide Focus Groups: Mapping to Regions**

